

CLASSROOM INSTRUCTOR EVALUATION CHECKLIST

Satisfactory

Unsatisfactory

Recommended for a Waiver

Recommended for MTS

REMARKS COMPLETED BY THE EVALUATOR

All behaviors evaluated as NI or NO will be explained under this section. Also include any comments of an outstanding nature. A statement concerning safety evaluation procedures must be included in this section.

SIGNATURE AND TITLE OF THE EVALUATOR

DATE

INSTRUCTOR IMPROVEMENT PLAN

I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:

SIGNATURE AND TITLE OF THE INSTRUCTOR

DATE